

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017806
STATE FILE NUMBER

FILED MAY 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2070

300
1-57

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lee's Summit Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital | | Length of stay in 1b 4 days | d. STREET ADDRESS (If outside, give location) 700 Langsford Road Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First RAY Middle ---- Last LANGSFORD | | | 4. DATE OF DEATH Month April Day 24 Year 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 4, 1877 |
| 9. AGE (In years last birthday) 82 | | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HRS. Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist | | 10b. KIND OF BUSINESS OR INDUSTRY Greenhouse | 11. BIRTHPLACE (City and state or country) Butler, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Nicholas B. Langsford | |
| 13b. MOTHER'S MAIDEN NAME Fannie Ray | | 14. NAME OF HUSBAND OR WIFE Belle Langsford | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. 495-38-4894 | 17. INFORMANT Address Nicholas B. Langsford Sr. Lee's Summit |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bowel Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Descending Colon DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1532 | | | INTERVAL BETWEEN ONSET AND DEATH 5 days 1 year |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Death occurred at 3:43 A.M. on 22 April 1958 , to 24 April 1959 and last saw him alive on 24 April 1959 m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) M.D. Durnell M.D. | |
| 22b. ADDRESS 18 E. 3rd St. Lee's Summit, Mo | | 22c. DATE SIGNED 24 April 1959 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Apr. 26, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery | 23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home | | 25. DATE RECD. BY LOCAL REG. 4-25-59 | 26. REGISTRAR'S SIGNATURE Neva Marshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

M. D. Durnell

All diseases in Part I must be causally related.

Lee's Summit, Missouri

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *N. B. Langsfeld*

Licensed Embalmer No. 4962
P. O. Address Lee's Summit, M.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.